



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

ASB

HLR

LIBC

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
ANDERSON	Whitney	Theodore	CEL-937-1710 259-7112
MAILING ADDRESS (Street)			FAX
41-038 Hialeah St.			259-9447
(City)	(State)	(Zip Code)	
WAIMANALO, Hawaii			96795
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Roche			916-424-5853
MAILING ADDRESS (Street)			FAX
7485 RUSH RIVER DR.			916-395-3713
(City)	(State)	(Zip Code)	
SACRAMENTO, CALIFORNIA			95831

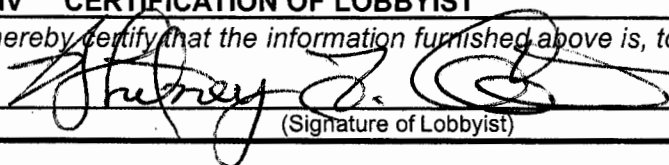
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
LOCAL BOY CONSULTANTS of Hawaii		
MAILING ADDRESS (Street)		FAX
SAME AS ABOVE PART I		
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
MAIL TO ABOVE		
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

SEDRIK SPENCER, SENIOR MANAGER

NAME OF ORGANIZATION (if applicable)

Roche

TELEPHONE

916-424-5853

MAILING ADDRESS (Street)

7485 Rush River Dr. #710

FAX

916-396-3713

(City)

SAC

(State)

CA

(Zip Code)

95831

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

(Date)

02.17.05